

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☒ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II	Basic Plan Information—enter all requested information										
1a Name of plan <u>POTTSTOWN MEMORIAL MEDICAL CENTER RETIREMENT INCOME PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1972</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>26-2874737</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>610-323-2006</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>622000</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/1972</u>		2b Employer Identification Number (EIN) <u>26-2874737</u>		2c Plan Sponsor's telephone number <u>610-323-2006</u>		2d Business code (see instructions) <u>622000</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>										
1c Effective date of plan <u>01/01/1972</u>											
2b Employer Identification Number (EIN) <u>26-2874737</u>											
2c Plan Sponsor's telephone number <u>610-323-2006</u>											
2d Business code (see instructions) <u>622000</u>											
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>PMMC OVER LIQUIDATION, LLC</u> <u>152 E HIGH ST</u> <u>POTTSTOWN, PA 19464-5400</u>											

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	03/31/2023	MATTHEW HOWALD
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☐ Same as Plan Sponsor PMMC OVER LIQUIDATION, LLC 152 E HIGH ST POTTSTOWN, PA 19464-5400		3b Administrator's EIN 26-2874737	
		3c Administrator's telephone number 610-323-2006	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN	
		4d PN	
5 Total number of participants at the beginning of the plan year		5	1225
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested			
		6a(1)	147
		6a(2)	121
		6b	571
		6c	447
		6d	1139
		6e	46
		6f	1185
		6g	
		6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1I b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ <u>0</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>POTTSTOWN MEMORIAL MEDICAL CENTER RETIREMENT INCOME PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>PMMC OVER LIQUIDATION, LLC</u>	D Employer Identification Number (EIN) <u>26-2874737</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2021</u>	
2 Assets:	
a Market value	2a <u>71520787</u>
b Actuarial value	2b <u>64805782</u>
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment.....	(1) Number of participants <u>610</u> (2) Vested Funding Target <u>39413917</u> (3) Total Funding Target <u>39413917</u>
b For terminated vested participants.....	<u>468</u> <u>16592431</u> <u>16592431</u>
c For active participants	<u>147</u> <u>6909086</u> <u>6909086</u>
d Total.....	<u>1225</u> <u>62915434</u> <u>62915434</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b
5 Effective interest rate	5 <u>5.52</u> %
6 Target normal cost.....	
a Present value of current plan year accruals.....	6a <u>0</u>
b Expected plan-related expenses	6b <u>806000</u>
c Total (line 6a + line 6b)	6c <u>806000</u>

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE		<u>12/06/2022</u> Date
Signature of actuary		
<u>D. PATRICK MCDONALD</u> Type or print name of actuary		<u>20-04834</u> Most recent enrollment number
<u>FOSTER & FOSTER, INC.</u> Firm name		<u>239-600-6231</u> Telephone number (including area code)
<u>870 S. DENTON TAP RD SUITE 250 COPPELL, TX 75019</u> Address of the firm		

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2021
v. 201209

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	1455008
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	873174
9 Amount remaining (line 7 minus line 8)	0	581834
10 Interest on line 9 using prior year's actual return of <u>14.53</u> %	0	84540
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.67</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	666374

Part III Funding Percentages

14 Funding target attainment percentage	14	101.94 %
15 Adjusted funding target attainment percentage	15	103.00 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	98.73 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/14/2021	375000	0			
08/05/2021	375000	0			
10/11/2021	375000	0			
12/30/2021	375000	0			
06/29/2022	375000	0			
07/27/2022	187500	0			
Totals ▶			18(b)	2062500	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	1966308

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☒ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:1st segment:
4.75 %2nd segment:
5.36 %3rd segment:
6.11 %☐ N/A, full yield curve used**b** Applicable month (enter code)**21b**

4

22 Weighted average retirement age**22**

65

23 Mortality table(s) (see instructions) ☐ Prescribed - combined☒ Prescribed - separate☐ Substitute**Part VI Miscellaneous Items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment. **27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years **28** 0**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) **29** 0**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29) **30** 0**Part VIII Minimum Required Contribution For Current Year****31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6c) **31a** 806000**b** Excess assets, if applicable, but not greater than line 31a **31b** 806000**32** Amortization installments:**a** Net shortfall amortization installment Outstanding Balance 0 Installment 0**b** Waiver amortization installment 0 0**33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33****34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) **34** 0**35** Balances elected for use to offset funding requirement Carryover balance 0 Prefunding balance 0 Total balance 0**36** Additional cash requirement (line 34 minus line 35) **36** 0**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) **37** 1966308**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36) **38a** 1966308**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances **38b** 0**39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) **39** 0**40** Unpaid minimum required contributions for all years **40** 0**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)****41** If an election was made to use PRA 2010 funding relief for this plan:**a** Schedule elected ☐ 2 plus 7 years ☐ 15 years**b** Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.
For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan POTTSTOWN MEMORIAL MEDICAL CENTER RETIREMENT INCOME PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 PMMC OVER LIQUIDATION, LLC	D Employer Identification Number (EIN) 26-2874737	

Part I	Service Provider Information (see instructions)
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You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

VANGUARD ADVISORS, INC.

23-2811930

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	44833	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

VANGUARD FIDUCIARY TRUST COMPANY

23-2186884

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT ADVISOR	38877	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

UBS FINANCIAL SERVICES INC.

13-2638166

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	25000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

FOSTER & FOSTER, INC.

59-1921114

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 49	ACTUARY	19400	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
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(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>		
A Name of plan <u>POTTSTOWN MEMORIAL MEDICAL CENTER RETIREMENT INCOME PLAN</u>	B Three-digit plan number (PN) <u>001</u>	
C Plan sponsor's name as shown on line 2a of Form 5500 <u>PMMC OVER LIQUIDATION, LLC</u>	D Employer Identification Number (EIN) <u>26-2874737</u>	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....		1a 0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions		1b(1) 0	562500
(2) Participant contributions.....		1b(2)	
(3) Other		1b(3) 0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)		1c(1) 321342	345517
(2) U.S. Government securities		1c(2)	
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred		1c(3)(A)	
(B) All other.....		1c(3)(B)	
(4) Corporate stocks (other than employer securities):			
(A) Preferred		1c(4)(A)	
(B) Common		1c(4)(B)	
(5) Partnership/joint venture interests		1c(5)	
(6) Real estate (other than employer real property)		1c(6)	
(7) Loans (other than to participants).....		1c(7)	
(8) Participant loans		1c(8)	
(9) Value of interest in common/collective trusts		1c(9)	
(10) Value of interest in pooled separate accounts		1c(10)	
(11) Value of interest in master trust investment accounts		1c(11)	
(12) Value of interest in 103-12 investment entities		1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)		1c(13) 70775011	74315843
(14) Value of funds held in insurance company general account (unallocated contracts).....		1c(14)	
(15) Other.....		1c(15) 424434	430653

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1)	
(2)	Employer real property.....	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	71520787 75654513
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	0 0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	71520787 75654513

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	2062500
	(B) Participants	2a(1)(B)	
	(C) Others (including rollovers).....	2a(1)(C)	
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	2062500
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans.....	2b(1)(E)	
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	0
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	2389366
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	2389366
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	6219
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	6219

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		4082280
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		8540365
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	3889040	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		3889040
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	19400	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	139297	
(4) Other.....	2i(4)	358902	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		517599
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		4406639
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		4133726
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: FISCHER CUNNANE & ASSOCIATES, LTD

(2) EIN: 23-3060583

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		3000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.			
5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)			
5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)	
5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 443538.			

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan POTTSTOWN MEMORIAL MEDICAL CENTER RETIREMENT INCOME PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 PMMC OVER LIQUIDATION, LLC	D Employer Identification Number (EIN) 26-2874737

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 42-0127290 23-2926795		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	0

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☒ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☒ N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☒ No
--	-----------------------------------	-----------------------------------	-------------------------------	--

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Schedule R (Form 5500) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year.....

15b

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: 100.0 %

b Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

- 20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☒ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation _____

Pottstown Memorial Medical Center Retirement Income Plan

Financial Statements and
Supplemental Schedules
For the Years Ended December 31, 2021 and 2020
With Independent Auditors' Report

Pottstown Memorial Medical Center Retirement Income Plan

Table of Contents

INDEPENDENT AUDITORS' REPORT	2-5
FINANCIAL STATEMENTS AS OF AND FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020	
Statements of Net Assets Available for Benefits	6
Statements of Changes in Net Assets Available for Benefits	7
Notes to the Financial Statements	8-15
SUPPLEMENTAL SCHEDULES	
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)	16
Schedule H, Line 4j – Schedule of Reportable Transactions	17

INDEPENDENT AUDITORS' REPORT

To the Board of Directors of
the Pottstown Area Health & Wellness Foundation

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2021 Financial Statements

We have performed an audit of the financial statements of the Pottstown Memorial Medical Center Retirement Income Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements (2021 Financial Statements).

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2021 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion on the 2021 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the 2021 Financial Statements section

- the amounts and disclosures in the accompanying 2021 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the accompanying 2021 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2021 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the 2021 Financial Statements section of our report. We are required to be independent of the Pottstown Memorial Medical Center Retirement Income Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the 2021 Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Pottstown Memorial Medical Center Retirement Income Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the 2021 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Pottstown Memorial Medical Center Retirement Income Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Pottstown Memorial Medical Center Retirement Income Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2021 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Other Matters

2021 Supplemental Schedules Required by ERISA

The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2021, and Schedule of Reportable Transactions for the year ended December 31, 2021 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

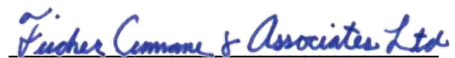
In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including its form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Auditors' Report on the 2020 Financial Statements

We were engaged to audit the 2020 financial statements of Pottstown Memorial Medical Center Retirement Income Plan. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by a qualified institution. In our report dated October 14, 2021, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements other than that derived from the certified information were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.


Fischer Cunnane & Associates Ltd
Certified Public Accountants

West Chester, Pennsylvania

October 14, 2022 (except as to Note 11 which is as of November 30, 2022)

Pottstown Memorial Medical Center Retirement Income Plan

Statements of Net Assets Available for Benefits As of December 31, 2021 and 2020

	2021	2020
Investments at fair value	\$ 75,092,013	\$ 71,520,787
Employer contribution receivable	562,500	-
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 75,654,513</u>	<u>\$ 71,520,787</u>

The accompanying notes are an integral part of these financial statements.

Pottstown Memorial Medical Center

Retirement Income Plan

Statements of Changes in Net Assets Available for Benefits For the Years Ended December 31, 2021 and 2020

	<u>2021</u>	<u>2020</u>
ADDITIONS TO NET ASSETS:		
Investment Income		
Net appreciation in fair value of investments	\$ 4,088,499	\$ 6,850,752
Interest and dividends	2,389,366	2,616,657
Total Investment Income	<u>6,477,865</u>	<u>9,467,409</u>
Employer contributions	<u>2,062,500</u>	<u>421,785</u>
Total Additions	<u>8,540,365</u>	<u>9,889,194</u>
DEDUCTIONS FROM NET ASSETS:		
Benefits paid directly to participants	3,889,040	3,813,843
Administrative expenses	<u>517,599</u>	<u>908,884</u>
Total Deductions	<u>4,406,639</u>	<u>4,722,727</u>
NET INCREASE	4,133,726	5,166,467
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of Year	<u>71,520,787</u>	<u>66,354,320</u>
End of Year	<u>\$ 75,654,513</u>	<u>\$ 71,520,787</u>

The accompanying notes are an integral part of these financial statements.

Pottstown Memorial Medical Center Retirement Income Plan

Notes to the Financial Statements For the Years Ended December 31, 2021 and 2020

1. Description of Plan

The following brief description of the Pottstown Memorial Medical Center Retirement Income Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan Agreement for a more complete description of the Plan's provisions.

General – The Plan is a noncontributory defined benefit plan which covers substantially all employees of Pottstown Memorial Medical Center (the "Medical Center") and provides for pension, death, and disability benefits. The Plan froze its benefit accruals effective June 30, 2003 as a result of Community Health Systems, Inc. ("CHS") purchasing substantially all of the assets of the Medical Center. CHS did not purchase the Plan as part of the acquisition. The Pottstown Area Health & Wellness Foundation (the "Foundation"), through its controlled group, assumed responsibility for the funding and administration of the Plan, effective June 30, 2003. The Plan continues to be a tax-qualified, defined benefit plan with benefits guaranteed by the Pension Benefit Guaranty Corporation. All active employees who were not fully vested as of June 30, 2003 were deemed to be fully vested effective on that date. Prior to June 30, 2003, employees were considered vested upon completion of five years of credited service. Employees of the Medical Center hired after June 30, 2003 are not eligible to participate in the Plan.

The Foundation sponsored the Plan through PMMC Over Corp., a subsidiary corporation. PMMC Over Corp., was liquidated and dissolved by PMMC Over Liquidation, LLC, its parent corporation, effective June 30, 2008. PMMC Over Liquidation, LLC assumed sponsorship of the Plan effective June 30, 2008. PMMC Over Liquidation, LLC and the Foundation survive the Medical Center as the sole members of the controlled group.

Pension Benefits – Covered employees age 19 and older who have completed one year of eligibility service, excluding leased employees, are entitled to annual pension benefits beginning at normal retirement age of 65, equal to 1.25% of final average monthly compensation times years of benefit accrual service not in excess of 35 years plus 1.35% of final average monthly compensation times years of benefits accrual service in excess of 35 years. In no event shall the benefit be less than the participant's benefit accrual as of December 31, 1988. The Plan permits early retirement at age 55, subject to completion of at least 15 years of vesting service, subject to early retirement penalties of 1/180th reduction for the first 60 months and 1/360th reduction for the next 60 months, by which the early retirement date precedes the normal retirement date. Subsidized early retirement is available for participants at age 62 or older with at least 25 years of vesting service in the form of accrued benefits payable.

Death and Disability Benefits – If a legally married participant dies prior to normal retirement and is eligible for early retirement at the date of their death, the surviving legal spouse will receive 50% of the benefit the participant would have received had he/she retired on the date preceding death. If a participant dies after retirement, under the joint and survivor annuity, the surviving legal spouse will receive a monthly benefit for life under that annuity form. A \$2,000 lump-sum death benefit is also payable to the beneficiary of any retired participant who dies and was receiving early, normal, or disability benefits under the Plan.

Disability benefits are available for a participant who qualifies for total and permanent disability under either social security, workers' compensation, or an employer-sponsored long-term disability plan.

Pottstown Memorial Medical Center Retirement Income Plan

Notes to the Financial Statements For the Years Ended December 31, 2021 and 2020

Contributions – The Foundation’s funding policy is to contribute such amounts as are necessary to provide assets sufficient to meet the benefits to be paid to Plan participants. The Foundation’s present intention is to make contributions in amounts sufficient to fund the Plan’s current service cost and the initial past service cost plus interest over a period of 30 years. There was no minimum required contribution for the year ended December 31, 2021. The contribution required for the Plan year ended December 31, 2020 was \$58,511. As of the date the financial statements were available to be issued, the amounts actually contributed to the Plan for 2021 and 2020 were \$2,062,500 and \$421,785, respectively. The Plan has met the minimum funding requirements of the Employee Retirement Income Security Act of 1974 (“ERISA”).

Plan Termination – Although it has not expressed any intention to do so, the Foundation has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. Should the Plan terminate at some future time, its assets will generally not be available on a pro rata basis to provide participants’ benefits. Whether a particular participant’s accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation (“PBGC”) at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guarantee, while other benefits may not be provided for at all.

2. Significant Accounting Policies

Basis of Accounting – The accompanying financial statements are prepared on the accrual basis of accounting.

Use of Estimates – The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

Investment Valuation and Income Recognition – Investments are stated at fair value in the accompanying financial statements. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan’s Finance Committee determines the Plan’s valuation policies utilizing information provided by its investment advisors and custodians. See Note 4 for discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest income is recorded as earned on the accrual basis. Net appreciation (depreciation) includes the Plan’s gains and losses on investments bought and sold as well as held during the year.

During 2021 and 2020, the Plan’s investments (including investments bought, sold, as well as held during the year) appreciated in fair value by \$4,088,499 and \$6,850,752, respectively. Interest and dividends earned on the Plan’s investments were \$2,389,366 and \$2,616,657 for the years ended December 31, 2021 and 2020, respectively.

Pottstown Memorial Medical Center

Retirement Income Plan

Notes to the Financial Statements

For the Years Ended December 31, 2021 and 2020

Administrative Expenses – Legal and accounting expenses are paid by the Plan Sponsor. Actuarial fees and PBGC premiums are paid by the Plan. Other administrative expenses, such as investment management fees and custodian and trustee fees, are charged directly against Plan assets and disclosed in Note 9. Administrative expenses charged directly against Plan assets are recorded when paid, which is not materially different from recording such amounts on the accrual basis. Investment related expenses are included in net appreciation in fair value of investments.

Accumulated Plan Benefits – Accumulated plan benefits are those estimated future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to services rendered by the employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to retired or terminated employees or their beneficiaries and present employees or their beneficiaries. Benefits for retired or terminated employees or their beneficiaries are based on employees' compensation during their highest consecutive 60 months of the final 120 months preceding retirement. Benefits payable under all circumstances (retirement, death, disability, and termination of employment) are included to the extent they are deemed attributable to employee service rendered to the valuation date. As described in Note 1, the Plan froze its benefit accruals effective June 30, 2003. Accumulated plan benefits were calculated as of that date.

Payment of Benefits – Benefit payments to participants are recorded upon distribution.

CARES Act – During 2020, the Plan implemented certain relief provisions available to participants under the Coronavirus Aid, Relief, and Economic Security Act (the "CARES Act") that was signed into law on March 27, 2020. Pursuant to the CARES Act, required minimum distributions from the Plan were waived. As a result, participants were given the option to suspend required minimum distributions until the end of 2020.

The Plan also adopted the provision of the CARES Act whereby any contributions to the Plan otherwise due in 2020 were instead due on January 1, 2021, extending the Plan's previous October 15, 2020 deadline. The Plan has not been amended for the CARES Act provisions. The deadline for amending the Plan for the provisions of the CARES Act is December 31, 2025.

New Accounting Pronouncements – In August 2018, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") 2018-13, *Fair Value Measurement* (Topic 820) – *Disclosure Framework – Changes to the Disclosure Requirements for Fair Value Measurement*, which amends certain disclosure requirements of Accounting Standards Codification ("ASC") 820. ASU 2018-13 removed the requirement to disclose the amount of and reasons for transfers between Level 1 and Level 2 of the fair value hierarchy as well as the policy for timing of transfers between levels. The ASU also modified the disclosure for investments in certain entities that calculate net asset value ("NAV") to disclose the timing of liquidation of an investee's assets and the date when restrictions from redemption might lapse only if the investee has communicated the timing to the Plan or announced the timing publicly. It also clarified the measurement uncertainty disclosure to communicate information about the uncertainty in measurement as of the reporting date. The guidance was effective for fiscal years beginning after December 15, 2019. The Plan adopted the provisions of ASU 2018-13 for the year ended December 31, 2020 and retrospectively for the year ended December 31, 2019. There were no effects on disclosures or the statements of net assets available for benefits or changes therein.

Pottstown Memorial Medical Center

Retirement Income Plan

Notes to the Financial Statements
For the Years Ended December 31, 2021 and 2020

3. Actuarial Present Value of Accumulated Plan Benefits

Foster & Foster, Inc., actuaries and consultants, estimated the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The actuarial present value of accumulated plan benefits information as of January 1, 2022 and 2021 is as follows:

	January 1,	
	2022	2021
Actuarial present value of accumulated plan benefits		
Vested benefits		
Participants currently receiving payments	\$ 35,738,553	\$ 34,868,882
Other participants	18,122,193	19,123,623
	<u>53,860,746</u>	<u>53,992,505</u>
Nonvested benefits	-	-
Total actuarial present value of accumulated plan benefits	<u>\$ 53,860,746</u>	<u>\$ 53,992,505</u>

The changes in the accumulated plan benefits during the years ended January 1, 2022 and 2021 are as follows:

	2022	2021
Actuarial present value of accumulated plan benefits, beginning of year	\$ 53,992,505	\$ 53,888,324
Increase (decrease) during the year attributable to:		
Change in actuarial assumptions	112,727	(234,033)
Benefits accumulated	(391,977)	120,741
Increase for interest due to the decrease in the discount period	4,036,531	4,031,316
Benefits paid	<u>(3,889,040)</u>	<u>(3,813,843)</u>
Net change	<u>(131,759)</u>	<u>104,181</u>
Actuarial present value of accumulated plan benefits, end of year	<u>\$ 53,860,746</u>	<u>\$ 53,992,505</u>

The significant actuarial assumptions used in the valuation as of January 1, 2022 were:

Actuarial Cost Method	Unit Credit Actuarial Cost Method
Discount Rate	7.75% per annum
Retirement	At normal retirement age (65)

Pottstown Memorial Medical Center

Retirement Income Plan

Notes to the Financial Statements For the Years Ended December 31, 2021 and 2020

Mortality	SOA RP-2014 White Collar Mortality Table with Scale MP-2021
Asset Valuation Method	Two-year smoothing method, subject to a minimum of 90% and maximum of 110% of fair market value

The major change in actuarial assumptions since the January 1, 2021 valuation was the mortality basis changed from the SOA RP-2014 White Collar Mortality with Scale MP-2020 to SOA RP-2014 White Collar Mortality with Scale MP-2021.

The foregoing actuarial assumptions are based on the presumptions that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

4. Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3).

The three levels of the fair value hierarchy are described as follows:

Level 1: unadjusted quoted prices in active markets for identical assets or liabilities.

Level 2: inputs other than quoted prices that are observable for the asset or liability, either directly or indirectly. These include quoted prices for similar assets or liabilities in active markets and quoted prices for identical or similar assets or liabilities in markets that are not active.

Level 3: unobservable inputs that reflect the reporting entity's own assumptions.

The asset's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2021 and 2020.

Mutual funds and money market funds: The investments in mutual funds and money market funds are valued at quoted market prices, which represent the net asset value ("NAV") of shares held by the Plan at year-end.

Private equity fund: The investment in the private equity fund is valued at NAV, utilizing the valuations provided by the underlying investment companies and/or their administrators. Plan management considers subscription and redemption rights, including any restrictions on the disposition of the interest in its determination of fair value.

Pottstown Memorial Medical Center Retirement Income Plan

Notes to the Financial Statements For the Years Ended December 31, 2021 and 2020

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value:

	Basis of Fair Value Measurements as of December 31, 2021			
	Level 1	Level 2	Level 3	Total
Assets:				
Mutual funds	\$ 74,315,843	\$ -	\$ -	\$ 74,315,843
Money market funds	345,517	-	-	345,517
Total investments in the fair value hierarchy	<u>\$ 74,661,360</u>	<u>\$ -</u>	<u>\$ -</u>	
Private equity fund measured at NAV (a)				430,653
Total investments at fair value				<u>\$ 75,092,013</u>

	Basis of Fair Value Measurements as of December 31, 2020			
	Level 1	Level 2	Level 3	Total
Assets:				
Mutual funds	\$ 70,775,011	\$ -	\$ -	\$ 70,775,011
Money market funds	321,342	-	-	321,342
Total investments in the fair value hierarchy	<u>\$ 71,096,353</u>	<u>\$ -</u>	<u>\$ -</u>	71,096,353
Private equity fund measured at NAV (a)				424,434
Total investments at fair value				<u>\$ 71,520,787</u>

- (a) In accordance with ASC Subtopic 820-10, certain investments that were measured at NAV per share (or its equivalent) as a practical expedient to estimate fair value, have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

The estimated fair values of certain investments may differ significantly from the values that would have been used had a ready market for the securities existed because of the inherent uncertainty of valuation methods. It is also reasonably possible that valuation methods will change in the near future.

5. Information Certified by the Trustee of the Plan

The following information included in the accompanying Plan financial statements as of December 31, 2021 and 2020, and for the years then ended, and the ERISA-required supplemental schedules as of December 31, 2021 and for the year ended, was obtained by management and agreed to or derived from information certified by the Vanguard Fiduciary Trust Company, the trustee of the Plan, as complete and accurate, in accordance with Section 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA:

	2021	2020
Investments, at fair value:		
Money market funds	\$ 345,517	\$ 321,342
Mutual funds	74,315,843	70,775,011
Investment income:		
Net appreciation in fair value of investments	4,082,280	6,580,389
Interest and dividends	2,389,366	2,616,657

Pottstown Memorial Medical Center Retirement Income Plan

Notes to the Financial Statements For the Years Ended December 31, 2021 and 2020

6. Income Tax Status

The Plan obtained its latest determination letter on February 5, 2003, in which the Internal Revenue Service ("IRS") stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code ("IRC"). The Plan has been amended since receiving the determination letter. However, the plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2018.

7. Related-Party and Party In Interest Transactions

Certain Plan investments are shares of mutual funds managed by an affiliate of Vanguard Fiduciary Trust Company, the trustee of the Plan. Certain fees are paid to the Plan's service providers as described in Note 9. These transactions qualify as party in interest transactions, which are exempt from the prohibited transaction rules of ERISA.

8. Investments in Entities that Calculate Net Asset Value Per Share

The Plan invests in the Glenmede Private Equity Fund III, LLC (the "Fund"), a private equity fund that invests in limited partnerships and other pooled investment vehicles organized by independent fund sponsors to make private investments in non-public companies consisting primarily of equity and equity-related ownership interest. As an investor in the Fund, the Plan entered into a subscription agreement during 2004 in which the Plan committed to contribute capital of \$3,500,000 to the Fund. Through December 31, 2015, the Plan made contributions of \$2,975,000, 85% of the total commitment, under the terms of the Fund agreement. The Fund had an initial term that expired on December 31, 2013 with up to three one-year extensions under certain circumstances. The Fund received its second one-year extension, which expired on December 31, 2015. The Fund invoked its third one-year extension, which expired on December 31, 2016, upon which the Fund commenced the orderly disposition of its remaining assets in accordance with the agreement. As proceeds are received from underlying partnerships, the Fund will make cash distributions to the Plan. However, the Plan may not redeem its investment prior to the dissolution of the Fund, under the terms of the Fund agreement. As the Fund is in its realization phase, management of the Plan believes it is unlikely that the unfunded commitment balance of \$525,000 will be required to be contributed to the Fund.

The fair value of the private equity fund is \$430,653 and \$424,434 as of December 31, 2021 and 2020, respectively. In determining fair value, the Glenmede Trust Company, N.A. ("Glenmede") has, as a practical expedient, where allowable under ASC 820, estimated the fair value of the Fund's underlying investments using the NAV (or its equivalent) per share of the investments as of the investments' measurement date. Glenmede has determined these values are indicative of the fair values of the investments.

Pottstown Memorial Medical Center

Retirement Income Plan

Notes to the Financial Statements

For the Years Ended December 31, 2021 and 2020

9. Administrative Expenses

The Plan incurred administrative expenses for the years ended December 31, 2021 and 2020 as follows:

	2021	2020
Investment management fees*	\$ 100,420	\$ 66,111
Custodian and trustee fees*	38,877	36,797
PBGC premiums	358,902	772,870
Actuary fees*	19,400	33,106
	<u>\$ 517,599</u>	<u>\$ 908,884</u>

* These fees qualify as party in interest transactions, which are exempt from the prohibited transactions rules of ERISA.

10. Risks and Uncertainties

Plan contributions and the actuarial present value of accumulated Plan benefits are prepared based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term could have a material effect on the financial statements.

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

The continuing coronavirus pandemic has led to significant changes in government regulation and volatility in financial markets which has affected and may continue to affect the Plan, its operations, investments and performance. Management of the Plan is unable to accurately predict how the pandemic will affect the results of Plan operations because its effect on future events remains uncertain.

11. Correction of an Error

Certain errors resulting in the overstatement of previously reported receivables as of December 31, 2021 were discovered by management of the Foundation subsequent to the issuance of the auditors' report on October 14, 2022. Employer contributions receivable previously reported in the amount of \$750,000 has been revised and restated to \$562,500 and the related employer contributions for the year ended December 31, 2021 have been decreased to \$2,062,500 from the previously reported \$2,250,000, reflecting the \$187,500 correction.

12. Subsequent Events

Plan management has evaluated all subsequent events through, November 30, 2022, the date the financial statements were reissued.

SUPPLEMENTAL SCHEDULES

Pottstown Memorial Medical Center Retirement Income Plan

**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
As of December 31, 2021**

PLAN EIN: 26-2874737
PLAN NUMBER: 001

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
*	Vanguard Prime Money Market Fund	Money Market Fund	\$ 345,517	\$ 345,517
*	Vanguard Extended Duration Treasury Index Fund Institutional Shares	Mutual Fund	2,560,857	3,285,805
*	Vanguard Long-Term Investment Grade Fund Admiral Shares	Mutual Fund	25,147,360	26,119,998
*	Vanguard Total Stock Market Index Fund Institutional Shares	Mutual Fund	8,600,251	17,968,702
*	Vanguard Long-Term Treasury Index Fund Institutional Shares	Mutual Fund	7,338,243	7,433,587
*	Vanguard FTSE All-World Ex-US Fund Institutional Shares	Mutual Fund	10,752,373	13,515,198
*	Vanguard Global Minimum Volatility Fund	Mutual Fund	5,304,229	5,992,553
	Glenmede Private Equity Fund III, LLC	Private Equity Fund	425,706	430,653
			<u>\$ 60,474,536</u>	<u>\$ 75,092,013</u>

* Party-in-interest transaction

**Pottstown Memorial Medical Center
Retirement Income Plan**

**Schedule H, Line 4j - Schedule of Reportable Transactions
For the Year Ended December 31, 2021**

PLAN EIN: 26-2874737
PLAN NUMBER: 001

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)		(c) Purchase price	(d) Selling price	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Vanguard Group	Vanguard Long-Term Investment Grade Fund Admiral Shares	(A) \$	10,780,165	\$ -	\$ -	\$ 10,780,165	\$ 10,780,165	\$ -
		(S)	-	7,801,544	-	7,315,378	7,801,544	486,166
		(A)	-	8,399,041	-	7,866,006	8,399,041	533,035
Vanguard Group	Vanguard Long-Term Treasury Index Fund Institutional Shares	(S)	3,600,000	-	-	3,600,000	3,600,000	-
		(A)	7,562,296	-	-	7,562,296	7,562,296	-
Vanguard Group	Vanguard Total Stock Market Index Fund Institutional Shares	(S)	4,473,051	-	-	4,473,051	4,473,051	-
		(A)	4,477,412	-	-	4,477,412	4,477,412	-
		(S)	-	3,600,000	-	1,266,665	3,600,000	2,333,335
		(A)	-	8,758,799	-	2,950,156	8,758,799	5,808,643
Vanguard Group	Vanguard Real Estate Index Fund Institutional Shares	(A)	-	4,397,510	-	2,621,129	4,397,510	1,776,381
Vanguard Group	Vanguard FTSE All-World Ex-US Fund Institutional Shares	(S)	-	5,700,000	-	3,970,078	5,700,000	1,729,922
		(A)	-	6,437,030	-	4,508,267	6,437,030	1,928,763
		(A)	3,676,983	-	-	3,676,983	3,676,983	-

(S) - Represents a single transaction exceeding the reportable transactions threshold.

(A) - Represents the aggregate total of transactions in the same issue exceeding the reportable transactions threshold.

**POTTSTOWN MEMORIAL MEDICAL CENTER
RETIREMENT INCOME PLAN
EIN: 26-2874737 / PN: 001**

Schedule SB, Line 26 - Schedule of Active Participant Data

ATTAINED AGE	YEARS OF CREDITED SERVICE									
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up
	Avg No. Comp	Avg No. Comp	Avg No. Comp	Avg No. Comp	Avg No. Comp	Avg No. Comp	Avg No. Comp	Avg No. Comp	Avg No. Comp	Avg No. Comp
Under 25	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0	0	0	0	0
30 to 34	0	0	0	0	0	0	0	0	0	0
35 to 39	0	1	0	0	0	0	0	0	0	0
40 to 44	1	3	2	0	0	0	0	0	0	0
45 to 49	0	4	6	0	0	0	0	0	0	0
50 to 54	2	13	8	10	1	0	0	0	0	0
55 to 59	1	6	3	10	8	2	0	0	0	0
60 to 64	2	9	8	7	5	15	0	0	0	0
65 to 69	1	4	4	1	5	2	1	0	0	0
70 & up	0	0	1	0	0	1	0	0	0	0

**POTTSTOWN MEMORIAL MEDICAL CENTER
RETIREMENT INCOME PLAN
EIN: 26-2874737 / PN: 001**

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

ACTUARIAL ASSUMPTIONS

Valuation Date January 1, 2021.

Mortality Rate Mortality tables mandated by PPA as specified in amended IRS Regulation 1.430(h)(3)-1 applicable for the 2021 plan year, applied on a static basis.

Interest Rates Segment rates determined with four-month lookback, as constrained in accordance with applicable regulations as follows:

	2021 Plan Year		2020 Plan Year	
	Unconstrained	Constrained	Unconstrained	Constrained
First Segment Rate	2.22%	4.75%	2.79%	4.75%
Second Segment Rate	3.38%	5.36%	3.92%	5.50%
Third Segment Rate	3.92%	6.11%	4.38%	6.27%
Effective Interest Rate	3.49%	5.52%	4.01%	5.67%

Compensation Increases None assumed, plan is frozen for benefit accrual.

Administrative Expenses The normal cost includes a load for administrative expenses, based on the actual administrative expenses paid in the prior year (\$806,000 for 2021 and \$778,000 for 2020).

Withdrawal None assumed.

Retirement 100% at Normal Retirement Age and no early retirement rates.

Disability None assumed.

Forms of Payment All participants not in receipt of benefits are assumed to elect a single life annuity upon commencement.

Spouses 80% of participants are assumed to be married with the husband three years older his wife.

**POTTSTOWN MEMORIAL MEDICAL CENTER
RETIREMENT INCOME PLAN
EIN: 26-2874737 / PN: 001**

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (continued)

ACTUARIAL METHODS

Actuarial Cost Method

The Funding Target is the present value of accrued benefits based on compensation and service to date. The Target Normal Cost is the present value of benefits expected to be accrued during the current plan year, reflecting the effect of expected compensation increases during the year and including expected plan administrative expenses to be paid from plan assets during the year.

Asset Method

Valuation assets are determined using a method that spreads asset gains/(losses) over two years. The gain/(loss) for each period is determined as the actual return during the period less the expected return based on an assumed earnings rate chosen by the actuary, but required by PPA to be no greater than the applicable third segment rate. The resulting value is further constrained to be within a corridor of 90% to 110% of the market value. The discounted value of accrued contributions, if any, is included in the Valuation Assets. The expected return on plan assets is 7.75% (8.25% for the 2019 measurement period) per annum, limited to the applicable third segment rate as follows:
2020 measurement period: 6.27%
2019 measurement period: 6.11%

JUSTIFICATION FOR ASSUMPTIONS/METHODS

The assumptions, other than those mandated by law, were selected by the actuary. The assumptions selected are believed to be reasonable given the plan provisions and the size of the plan. These assumptions will be monitored going forward, but the plan's experience is likely to be too small to provide fully credible experience data. The asset method was selected by the plan sponsor and is an acceptable method under current law.

CHANGES SINCE THE PRIOR VALUATION

The valuation reflects the required updates of the segment interest rates and the updated mortality assumption in accordance with PPA. In addition, we reflected a change in the assumed expenses from \$778,000 for 2020 to \$806,000 for 2021.

**Pottstown Memorial Medical Center
Retirement Income Plan**

**Schedule H, Line 4j - Schedule of Reportable Transactions
For the Year Ended December 31, 2021**

PLAN EIN: 26-2874737
PLAN NUMBER: 001

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)		(c) Purchase price	(d) Selling price	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Vanguard Group	Vanguard Long-Term Investment Grade Fund Admiral Shares	(A) \$	10,780,165	\$ -	\$ -	\$ 10,780,165	\$ 10,780,165	\$ -
		(S)	-	7,801,544	-	7,315,378	7,801,544	486,166
		(A)	-	8,399,041	-	7,866,006	8,399,041	533,035
Vanguard Group	Vanguard Long-Term Treasury Index Fund Institutional Shares	(S)	3,600,000	-	-	3,600,000	3,600,000	-
		(A)	7,562,296	-	-	7,562,296	7,562,296	-
Vanguard Group	Vanguard Total Stock Market Index Fund Institutional Shares	(S)	4,473,051	-	-	4,473,051	4,473,051	-
		(A)	4,477,412	-	-	4,477,412	4,477,412	-
		(S)	-	3,600,000	-	1,266,665	3,600,000	2,333,335
		(A)	-	8,758,799	-	2,950,156	8,758,799	5,808,643
Vanguard Group	Vanguard Real Estate Index Fund Institutional Shares	(A)	-	4,397,510	-	2,621,129	4,397,510	1,776,381
Vanguard Group	Vanguard FTSE All-World Ex-US Fund Institutional Shares	(S)	-	5,700,000	-	3,970,078	5,700,000	1,729,922
		(A)	-	6,437,030	-	4,508,267	6,437,030	1,928,763
		(A)	3,676,983	-	-	3,676,983	3,676,983	-

(S) - Represents a single transaction exceeding the reportable transactions threshold.

(A) - Represents the aggregate total of transactions in the same issue exceeding the reportable transactions threshold.

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

► **Round off amounts to nearest dollar.**

► **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan POTTSTOWN MEMORIAL MEDICAL CENTER RETIREMENT INCOME PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF PMMC OVER LIQUIDATION, LLC	D Employer Identification Number (EIN) 26-2874737	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		
F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500		

Part I Basic Information			
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2021</u>		
2	Assets:		
	a Market value	2a	71,520,787
	b Actuarial value	2b	64,805,782
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	610	39,413,917
	b For terminated vested participants	468	16,592,431
	c For active participants	147	6,909,086
	d Total	1,225	62,915,434
4	If the plan is in at-risk status, check the box and complete lines (a) and (b). ☐		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	5.52%
6	Target normal cost		
	a Present value of current plan year accruals	6a	0
	b Expected plan-related expenses	6b	806,000
	c Total (line 6a + line 6b)	6c	806,000

Statement by Enrolled Actuary
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	D. Patrick McDonald <i>DPM</i> Signature of actuary D. PATRICK MCDONALD Type or print name of actuary FOSTER & FOSTER, INC. Firm name 870 S. DENTON TAP RD SUITE 250 COPPELL TX 75019 Address of the firm	12/06/2022 Date 2004834 Most recent enrollment number 239-600-6231 Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF. Schedule SB (Form 5500) 2021 v. 201209

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	1,455,008
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	873,174
9 Amount remaining (line 7 minus line 8)	0	581,834
10 Interest on line 9 using prior year's actual return of <u>14.53%</u>	0	84,540
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.67%</u>		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	666,374

Part III Funding Percentages

14 Funding target attainment percentage	14	101.94%
15 Adjusted funding target attainment percentage	15	103.00%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	98.73%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/14/2021	375,000	0			
08/05/2021	375,000	0			
10/11/2021	375,000	0			
12/30/2021	375,000	0			
06/29/2022	375,000	0			
07/27/2022	187,500	0			
Totals ▶			18(b)	2,062,500	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	1,966,308

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☒ No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:1st segment:
4.75 %2nd segment:
5.36 %3rd segment:
6.11 %☐ N/A, full yield curve used**b** Applicable month (enter code)**21b**

4

22 Weighted average retirement age**22**

65

23 Mortality table(s) (see instructions) ☐ Prescribed - combined☒ Prescribed - separate☐ Substitute**Part VI Miscellaneous Items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... ☒ Yes ☐ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... ☐ Yes ☒ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment..... ☒ Yes ☐ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....**27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years..... **28** 0**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... **29** 0**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29)..... **30** 0**Part VIII Minimum Required Contribution For Current Year****31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6c)..... **31a** 806,000**b** Excess assets, if applicable, but not greater than line 31a **31b** 806,000**32** Amortization installments:**a** Net shortfall amortization installment Outstanding Balance 0 Installment 0**b** Waiver amortization installment 0 0**33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount..... **33****34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)..... **34** 0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)..... **36** 0**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 1,966,308**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36) **38a** 1,966,308**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances **38b** 0**39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)..... **39** 0**40** Unpaid minimum required contributions for all years..... **40** 0**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)****41** If an election was made to use PRA 2010 funding relief for this plan:**a** Schedule elected ☐ 2 plus 7 years ☐ 15 years**b** Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

**POTTSTOWN MEMORIAL MEDICAL CENTER
RETIREMENT INCOME PLAN
EIN: 26-2874737 / PN: 001**

SCHEDULE SB NOTES FOR 2021 PLAN YEAR

In preparing this Schedule SB, the actuary relied on other parties for, and applied reasonability tests to, information on assets, contributions, plan provisions and data on participants covered by the Plan.

The measurements shown in this report may not be applicable for other purposes. The funding percentages and unfunded accrued liability as measured by the actuarial value of assets will differ from similar measures based on market value of assets. These measures, as provided, are appropriate for determining the adequacy of future contributions, but may not be appropriate for the purpose of settling a portion or all of its liabilities. Future actuarial measurements may differ significantly from current measurements due to plan experience differing from that anticipated by the economic and demographic assumptions, increases or decreases expected as part of the natural operation of the methodology used for the measurements, and changes in the plan provisions or applicable laws. Due to limited scope, the actuary has not performed any analysis of the potential range of such future differences.

This Schedule SB has been revised to reflect corrected contribution dates for the two contributions made in calendar year 2022. The original dates were incorrectly reported in the trustee's June 30, 2022 asset statement, which were subsequently revised in the July 31, 2022 asset statement. The dates shown on this revised Schedule SB are the dates shown in the plan sponsor's financial statements.

**POTTSTOWN MEMORIAL MEDICAL CENTER
RETIREMENT INCOME PLAN
EIN: 26-2874737 / PN: 001**

Schedule SB, Line 22 – Description of Weighted Average Retirement Age

(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2)*(3)	(5) Weighted Age (1)*(4)
65	136.6238	1.0000	136.6238	8,880.5500
66	3.0000	1.0000	3.0000	198.0000
67	2.0000	1.0000	2.0000	134.0000
68	0.0000	1.0000	0.0000	0.0000
69	1.0000	1.0000	1.0000	69.0000
70	0.0000	1.0000	0.0000	0.0000
71	1.0000	1.0000	1.0000	71.0000
72	0.0000	1.0000	0.0000	0.0000
73	0.0000	1.0000	0.0000	0.0000
74	1.0000	1.0000	1.0000	74.0000
Total			144.6238	9,426.5500
Average				65.18

The assumed rate of retirement is 100% at age 65.

**POTTSTOWN MEMORIAL MEDICAL CENTER
RETIREMENT INCOME PLAN
EIN: 26-2874737 / PN: 001**

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

ACTUARIAL ASSUMPTIONS

Valuation Date January 1, 2021.

Mortality Rate Mortality tables mandated by PPA as specified in amended IRS Regulation 1.430(h)(3)-1 applicable for the 2021 plan year, applied on a static basis.

Interest Rates Segment rates determined with four-month lookback, as constrained in accordance with applicable regulations as follows:

	2021 Plan Year		2020 Plan Year	
	Unconstrained	Constrained	Unconstrained	Constrained
First Segment Rate	2.22%	4.75%	2.79%	4.75%
Second Segment Rate	3.38%	5.36%	3.92%	5.50%
Third Segment Rate	3.92%	6.11%	4.38%	6.27%
Effective Interest Rate	3.49%	5.52%	4.01%	5.67%

Compensation Increases None assumed, plan is frozen for benefit accrual.

Administrative Expenses The normal cost includes a load for administrative expenses, based on the actual administrative expenses paid in the prior year (\$806,000 for 2021 and \$778,000 for 2020).

Withdrawal None assumed.

Retirement 100% at Normal Retirement Age and no early retirement rates.

Disability None assumed.

Forms of Payment All participants not in receipt of benefits are assumed to elect a single life annuity upon commencement.

Spouses 80% of participants are assumed to be married with the husband three years older his wife.

**POTTSTOWN MEMORIAL MEDICAL CENTER
RETIREMENT INCOME PLAN
EIN: 26-2874737 / PN: 001**

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (continued)

ACTUARIAL METHODS

Actuarial Cost Method

The Funding Target is the present value of accrued benefits based on compensation and service to date. The Target Normal Cost is the present value of benefits expected to be accrued during the current plan year, reflecting the effect of expected compensation increases during the year and including expected plan administrative expenses to be paid from plan assets during the year.

Asset Method

Valuation assets are determined using a method that spreads asset gains/(losses) over two years. The gain/(loss) for each period is determined as the actual return during the period less the expected return based on an assumed earnings rate chosen by the actuary, but required by PPA to be no greater than the applicable third segment rate. The resulting value is further constrained to be within a corridor of 90% to 110% of the market value. The discounted value of accrued contributions, if any, is included in the Valuation Assets. The expected return on plan assets is 7.75% (8.25% for the 2019 measurement period) per annum, limited to the applicable third segment rate as follows:
2020 measurement period: 6.27%
2019 measurement period: 6.11%

JUSTIFICATION FOR ASSUMPTIONS/METHODS

The assumptions, other than those mandated by law, were selected by the actuary. The assumptions selected are believed to be reasonable given the plan provisions and the size of the plan. These assumptions will be monitored going forward, but the plan's experience is likely to be too small to provide fully credible experience data. The asset method was selected by the plan sponsor and is an acceptable method under current law.

CHANGES SINCE THE PRIOR VALUATION

The valuation reflects the required updates of the segment interest rates and the updated mortality assumption in accordance with PPA. In addition, we reflected a change in the assumed expenses from \$778,000 for 2020 to \$806,000 for 2021.

POTTSTOWN MEMORIAL MEDICAL CENTER
RETIREMENT INCOME PLAN
EIN: 26-2874737 / PN: 001

Schedule SB, Part V – Summary of Plan Provisions

Effective Date	January 1, 1972. Plan was amended and restated as of January 1, 2020.			
Coverage and Participation	Covered employees become participants upon the attainment of age 19 and the completion of one year of service. As of June 30, 2003, participation in the Plan was Frozen. No new employees are eligible to enter the Plan after June 30, 2003.			
Credited Service	Prior to January 1, 1976, service is credited based on years and completed months worked. After December 31, 1975, service is credited based on hours in accordance with the following schedule:			
	<u>Hours of Service in Plan Year</u>	<u>Credited Service</u>	<u>Hours of Service in Plan Year</u>	<u>Credited Service</u>
	1,900 or more	1 year	1,300 – 1,449	8/12 of year
	1,750 – 1,899	11/12 of year	1,150 – 1,299	7/12 of year
	1,600 – 1,749	10/12 of year	1,000 – 1,149	6/12 of year
	1,450 – 1,599	9/12 of year	Less than 1,000	None
	No Participant shall accrue any additional years of Credited Service after June 30, 2003.			
Vesting Service	Prior to January 1, 1976, all unbroken service calculated to years and completed months. After December 31, 1975, one year for each plan year in which 1,000 hours are worked. No Participant shall accrue any additional years of Vesting Service after June 30, 2003.			
Annual Compensation	Compensation reportable as wages on Federal Form W-2 up to a maximum of \$100,000. Compensation includes amount contributed to an IRC 403(b) annuity on behalf of the Participant. For certain disabled employees, compensation means pay rate as in effect at date of disability.			
	Compensation for any computation period or partial computation period with less than 1,900 hours is annualized by multiplying the actual pay by the ratio of 1,900 hours to actual hours for the period.			
Average Monthly Compensation	Compensation averaged on a monthly basis over the highest consecutive 60 months of the final 120 months as of the determination date. For minimum benefit calculations, compensation after 1981 is assumed to be equal to 1981 compensation.			
Accrued Benefit	For all Participants, the monthly Normal Retirement Benefit shall be equal to (1) 1.25% of Average Monthly Compensation times Credited Service not in excess of 35 years, plus (2) 1.35% of Average Monthly Compensation times Credited Service in excess of 35 years.			
	In no event shall the benefit be less than the Participant's accrued benefit as of December 31, 1988.			
	Benefits are frozen as of June 30, 2003.			

POTTSTOWN MEMORIAL MEDICAL CENTER
RETIREMENT INCOME PLAN
EIN: 26-2874737 / PN: 001

Schedule SB, Part V – Summary of Plan Provisions (continued)

Normal Retirement

Eligibility Normal Retirement Date: The first day of the month following the attainment of age 65.

Benefit Amount Accrued Benefit as of normal retirement date, payable immediately.

Subsidized Early Retirement

Eligibility 25 years of Vesting Service.

Monthly Benefit Accrued Benefit as of retirement date, payable at age 62.

In lieu of the deferred benefit, a Participant may elect an immediate benefit payable as early as age 55 equal to the accrued benefit, reduced by 1/180 for each of the first 60 months and 1/360 for each additional month that the Participant's age at commencement is less than age 62.

Early Retirement

Eligibility Age 55 and 15 years of Vesting Service.

Benefit Amount Accrued Benefit as of Early Retirement Date, payable at age 65.

In lieu of the deferred benefit, a Participant may elect an immediate benefit equal to the accrued benefit, reduced by 1/180 for each of the first 60 months and 1/360 for each additional month that the Participant's Early Retirement Date precedes his Normal Retirement Date.

Deferred Vested Retirement

Eligibility Completion of five years of Vesting Service at termination of employment. All Participants are vested upon termination of employment after June 30, 2003.

Monthly Benefit Accrued Benefit as of date of termination, payable as of Normal Retirement Date. If the Participant has fifteen years of Vesting Service, in lieu of the deferred benefit, an immediate benefit equal to the accrued benefit, reduced by 1/180 for each of the first 60 months and 1/360 for each additional month that the Participant's Early Retirement Date precedes his Normal Retirement Date.

Normal Form of Payment Life Annuity if single or an actuarially equivalent 50% Joint and Survivor Annuity if married.

Optional Forms of Payment Actuarial equivalent of Normal Form of Payment as:

Life annuity with period certain of five, ten, or 15 years;

Joint and survivor annuity with 50%, 66-2/3%, 75% or 100% continuing to surviving spouse.

**POTTSTOWN MEMORIAL MEDICAL CENTER
RETIREMENT INCOME PLAN
EIN: 26-2874737 / PN: 001**

Schedule SB, Part V – Summary of Plan Provisions (continued)

Preretirement Death Benefits	Monthly benefit is payable to the spouse of vested Participants who die after August 23, 1984, with payments commencing on the Participant's Early Retirement Date. The spouse's benefit is equal to 50% of the Participant's vested accrued benefit, reduced for the 50% Qualified Joint & Survivor form of payment and reduced for payment commencing at Early Retirement Date.
Lump Sum Death Benefit	A \$2,000 lump sum death benefit is payable to the Beneficiary of any retired participant who dies and was receiving early, normal or disability benefits under the Plan.
Maximum Benefits	All benefits are subject to the limitations under Internal Revenue Code Section 415, as indexed.
Contributions	The company is responsible for all contributions required under the Plan.
Changes Since the Prior Valuation	None.

**POTTSTOWN MEMORIAL MEDICAL CENTER
RETIREMENT INCOME PLAN
EIN: 26-2874737 / PN: 001**

Schedule SB, Line 24 – Change in Actuarial Assumptions

Expected administrative expenses are added to the Target Normal Cost. For the 2020 valuation, administrative expenses were assumed to be \$778,000. For the 2021 valuation, administrative expenses were assumed to be \$806,000. Administrative expenses are calculated based on the prior year's actual expenses and are updated annually to better reflect actual expenses expected to be paid by the Plan.

**POTTSTOWN MEMORIAL MEDICAL CENTER
RETIREMENT INCOME PLAN
EIN: 26-2874737 / PN: 001**

Schedule SB, Line 26 - Schedule of Active Participant Data

ATTAINED AGE	YEARS OF CREDITED SERVICE									
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up
	Avg No. Comp	Avg No. Comp	Avg No. Comp	Avg No. Comp	Avg No. Comp	Avg No. Comp	Avg No. Comp	Avg No. Comp	Avg No. Comp	Avg No. Comp
Under 25	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0	0	0	0	0
30 to 34	0	0	0	0	0	0	0	0	0	0
35 to 39	0	1	0	0	0	0	0	0	0	0
40 to 44	1	3	2	0	0	0	0	0	0	0
45 to 49	0	4	6	0	0	0	0	0	0	0
50 to 54	2	13	8	10	1	0	0	0	0	0
55 to 59	1	6	3	10	8	2	0	0	0	0
60 to 64	2	9	8	7	5	15	0	0	0	0
65 to 69	1	4	4	1	5	2	1	0	0	0
70 & up	0	0	1	0	0	1	0	0	0	0

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Schedule SB, Part II – Beginning of Year Carryover and Prefunding Balances

The amount under Line 8, the portion elected for use to offset prior year's funding requirement, is not equal to Line 35 from the 2020 Schedule SB. The difference (\$21,420) is due to late elections to use a portion of the Plan's prefunding balance to satisfy the 2020 contributions. The additional balance is the increase in the discounted value resulting from using the 2020 Effective Interest Rate (EIR) of 5.67% instead of the late interest rate of 10.67% (EIR + 5%) for the period the election was late.

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RETIREMENT INCOME PLAN
EIN: 26-2874737 / PN: 001**

Schedule SB, Line 22 – Description of Weighted Average Retirement Age

(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2)*(3)	(5) Weighted Age (1)*(4)
65	136.6238	1.0000	136.6238	8,880.5500
66	3.0000	1.0000	3.0000	198.0000
67	2.0000	1.0000	2.0000	134.0000
68	0.0000	1.0000	0.0000	0.0000
69	1.0000	1.0000	1.0000	69.0000
70	0.0000	1.0000	0.0000	0.0000
71	1.0000	1.0000	1.0000	71.0000
72	0.0000	1.0000	0.0000	0.0000
73	0.0000	1.0000	0.0000	0.0000
74	1.0000	1.0000	1.0000	74.0000
Total			144.6238	9,426.5500
Average				65.18

The assumed rate of retirement is 100% at age 65.

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Schedule SB, Part V – Summary of Plan Provisions

Effective Date	January 1, 1972. Plan was amended and restated as of January 1, 2020.			
Coverage and Participation	Covered employees become participants upon the attainment of age 19 and the completion of one year of service. As of June 30, 2003, participation in the Plan was Frozen. No new employees are eligible to enter the Plan after June 30, 2003.			
Credited Service	Prior to January 1, 1976, service is credited based on years and completed months worked. After December 31, 1975, service is credited based on hours in accordance with the following schedule:			
	<u>Hours of Service in Plan Year</u>	<u>Credited Service</u>	<u>Hours of Service in Plan Year</u>	<u>Credited Service</u>
	1,900 or more	1 year	1,300 – 1,449	8/12 of year
	1,750 – 1,899	11/12 of year	1,150 – 1,299	7/12 of year
	1,600 – 1,749	10/12 of year	1,000 – 1,149	6/12 of year
	1,450 – 1,599	9/12 of year	Less than 1,000	None
	No Participant shall accrue any additional years of Credited Service after June 30, 2003.			
Vesting Service	Prior to January 1, 1976, all unbroken service calculated to years and completed months. After December 31, 1975, one year for each plan year in which 1,000 hours are worked. No Participant shall accrue any additional years of Vesting Service after June 30, 2003.			
Annual Compensation	Compensation reportable as wages on Federal Form W-2 up to a maximum of \$100,000. Compensation includes amount contributed to an IRC 403(b) annuity on behalf of the Participant. For certain disabled employees, compensation means pay rate as in effect at date of disability.			
	Compensation for any computation period or partial computation period with less than 1,900 hours is annualized by multiplying the actual pay by the ratio of 1,900 hours to actual hours for the period.			
Average Monthly Compensation	Compensation averaged on a monthly basis over the highest consecutive 60 months of the final 120 months as of the determination date. For minimum benefit calculations, compensation after 1981 is assumed to be equal to 1981 compensation.			
Accrued Benefit	For all Participants, the monthly Normal Retirement Benefit shall be equal to (1) 1.25% of Average Monthly Compensation times Credited Service not in excess of 35 years, plus (2) 1.35% of Average Monthly Compensation times Credited Service in excess of 35 years.			
	In no event shall the benefit be less than the Participant's accrued benefit as of December 31, 1988.			
	Benefits are frozen as of June 30, 2003.			

POTTSTOWN MEMORIAL MEDICAL CENTER
RETIREMENT INCOME PLAN
EIN: 26-2874737 / PN: 001

Schedule SB, Part V – Summary of Plan Provisions (continued)

Normal Retirement

Eligibility Normal Retirement Date: The first day of the month following the attainment of age 65.

Benefit Amount Accrued Benefit as of normal retirement date, payable immediately.

Subsidized Early Retirement

Eligibility 25 years of Vesting Service.

Monthly Benefit Accrued Benefit as of retirement date, payable at age 62.

In lieu of the deferred benefit, a Participant may elect an immediate benefit payable as early as age 55 equal to the accrued benefit, reduced by 1/180 for each of the first 60 months and 1/360 for each additional month that the Participant's age at commencement is less than age 62.

Early Retirement

Eligibility Age 55 and 15 years of Vesting Service.

Benefit Amount Accrued Benefit as of Early Retirement Date, payable at age 65.

In lieu of the deferred benefit, a Participant may elect an immediate benefit equal to the accrued benefit, reduced by 1/180 for each of the first 60 months and 1/360 for each additional month that the Participant's Early Retirement Date precedes his Normal Retirement Date.

Deferred Vested Retirement

Eligibility Completion of five years of Vesting Service at termination of employment. All Participants are vested upon termination of employment after June 30, 2003.

Monthly Benefit Accrued Benefit as of date of termination, payable as of Normal Retirement Date. If the Participant has fifteen years of Vesting Service, in lieu of the deferred benefit, an immediate benefit equal to the accrued benefit, reduced by 1/180 for each of the first 60 months and 1/360 for each additional month that the Participant's Early Retirement Date precedes his Normal Retirement Date.

Normal Form of Payment Life Annuity if single or an actuarially equivalent 50% Joint and Survivor Annuity if married.

Optional Forms of Payment Actuarial equivalent of Normal Form of Payment as:

Life annuity with period certain of five, ten, or 15 years;

Joint and survivor annuity with 50%, 66-2/3%, 75% or 100% continuing to surviving spouse.

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RETIREMENT INCOME PLAN
EIN: 26-2874737 / PN: 001**

Schedule SB, Part V – Summary of Plan Provisions (continued)

Preretirement Death Benefits	Monthly benefit is payable to the spouse of vested Participants who die after August 23, 1984, with payments commencing on the Participant's Early Retirement Date. The spouse's benefit is equal to 50% of the Participant's vested accrued benefit, reduced for the 50% Qualified Joint & Survivor form of payment and reduced for payment commencing at Early Retirement Date.
Lump Sum Death Benefit	A \$2,000 lump sum death benefit is payable to the Beneficiary of any retired participant who dies and was receiving early, normal or disability benefits under the Plan.
Maximum Benefits	All benefits are subject to the limitations under Internal Revenue Code Section 415, as indexed.
Contributions	The company is responsible for all contributions required under the Plan.
Changes Since the Prior Valuation	None.

Pottstown Memorial Medical Center Retirement Income Plan

**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
As of December 31, 2021**

PLAN EIN: 26-2874737
PLAN NUMBER: 001

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
*	Vanguard Prime Money Market Fund	Money Market Fund	\$ 345,517	\$ 345,517
*	Vanguard Extended Duration Treasury Index Fund Institutional Shares	Mutual Fund	2,560,857	3,285,805
*	Vanguard Long-Term Investment Grade Fund Admiral Shares	Mutual Fund	25,147,360	26,119,998
*	Vanguard Total Stock Market Index Fund Institutional Shares	Mutual Fund	8,600,251	17,968,702
*	Vanguard Long-Term Treasury Index Fund Institutional Shares	Mutual Fund	7,338,243	7,433,587
*	Vanguard FTSE All-World Ex-US Fund Institutional Shares	Mutual Fund	10,752,373	13,515,198
*	Vanguard Global Minimum Volatility Fund	Mutual Fund	5,304,229	5,992,553
	Glenmede Private Equity Fund III, LLC	Private Equity Fund	425,706	430,653
			<u>\$ 60,474,536</u>	<u>\$ 75,092,013</u>
*	Party-in-interest transaction			

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RETIREMENT INCOME PLAN
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Schedule SB, Line 24 – Change in Actuarial Assumptions

Expected administrative expenses are added to the Target Normal Cost. For the 2020 valuation, administrative expenses were assumed to be \$778,000. For the 2021 valuation, administrative expenses were assumed to be \$806,000. Administrative expenses are calculated based on the prior year's actual expenses and are updated annually to better reflect actual expenses expected to be paid by the Plan.